

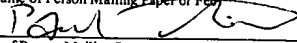


AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66742-026 (P-HR 5615)	
SERIAL NO: 09/648,816	FILING DATE: August 25, 2000	EXAMINER: C. Kam	GROUP ART UNIT: 1653 CONFIRMATION NO.: 6324
INVENTION: ANTIMICROBIAL PEPTIDES AND DERIVED METAPEPTIDES			

TO: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"  
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 400,551 018 US  
DATE OF DEPOSIT: November 21, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH  
THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO  
ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE  
AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450,  
ALEXANDRIA, VIRGINIA 22313-1450.

Paul Choi  
Printed Name of Person Mailing Paper or Fee  
  
Signature of Person Mailing Paper or Fee

Transmitted herewith is Response to Office Action mailed July 21, 2003, with Exhibits A and B, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

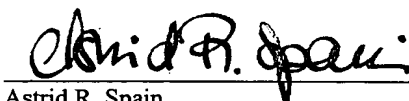
	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
						SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	13	- 66	-	0	x	\$9	\$18	= \$0.00	\$
INDEPEN- DENT CLAIMS	1	- 16	-	0	x	\$42	\$84	= \$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		\$140	\$280	= \$0.00	\$
						TOTAL ADDITIONAL FEE		\$0.00	\$

- \* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- ☒ Please charge my Deposit Account No. 502624 the amount of \$55.00 which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

Inventors: Yeaman and Shen  
Serial No.: 09/648,816  
Filed: August 25, 2000  
Page 2

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Astrid R. Spain", is written over a horizontal line.

Astrid R. Spain  
Registration No. 47,956

McDERMOTT, WILL & EMERY  
4370 La Jolla Village Drive  
Suite 700  
San Diego, California 92122  
858-535-9001